



The Commonwealth of Massachusetts
Department of Public Safety
Elevator Inspection Division

Phone (617) 727-3200 Fax 617-248-0813

DPS-Elv-I 8/12/03

Office Use Only

Permit No. _____

State ID No. _____

Date Rcvd: ____/____/____

Application for Elevator Permit for Installation, Modernization, Repair and Decommission

Location name	Address	City, State Zip
Owner/Lessee	Address	City, State Zip
Elevator Co.	Address	City, State Zip

Instructions: Complete the form by printing or typing. Provide complete addresses and all information requested. Each application is for 1 unit only. All applications for new installations or modernization must be submitted with 2 sets of plans. Fees must be submitted at the time of application. No work shall commence until a permit has been granted and posted in a public visible location on the work site. No new elevator shall be operated until completion in accordance with approved plans and specifications and until the Department of Public Safety has issued a Certificate of Inspection.

Type of Elevator	Type of Drive	Specifications	Permit Fee
<input type="checkbox"/> Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Escalator <input type="checkbox"/> Residence <input type="checkbox"/> Wheelchair <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> LU/LA <input type="checkbox"/> Moving Walk <input type="checkbox"/> Stage Lift <input type="checkbox"/> Other _____	<input type="checkbox"/> Traction <input type="checkbox"/> Drum <input type="checkbox"/> Direct Hydraulic <input type="checkbox"/> Rope Hydraulic <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Belt <input type="checkbox"/> Chain & Sprocket <input type="checkbox"/> Screw <input type="checkbox"/> Other _____	Capacity (lbs.): _____ Speed (fpm): _____ Total Travel (ft): _____ No. of Landings: _____ Is this elevator replacing another unit at the same location? <input type="checkbox"/> YES <input type="checkbox"/> NO State ID Number _____	Minimum permit fee = \$40 The first thousand dollars = \$20 Each additional thousand = \$8 Round the cost of the project up to the nearest thousand dollars. <input type="checkbox"/> New Installation Permit <input type="checkbox"/> Modernization Permit <input type="checkbox"/> Repair Permit <input type="checkbox"/> Decommission Permit Project cost: _____ Permit fee: _____

List all work to be done on this permit:

The elevator listed above will be scheduled for inspection by the Department of Public Safety when the Pre-Inspection Checklist form has been received. Permit inspection will be scheduled on a first in basis. I understand that the elevators to be inspected should be pre-inspected and made ready for the state safety inspection. **Elevators inspected and found in non-compliance or unsafe condition will be placarded and may result in the unit being shut down until repairs are made.**

_____/_____/_____
Signature of Owner or Authorized Representative Date

Print name of Owner or Authorized Representative

Telephone: () _____

Please allow 30 days for the Department Permit Review. Once accepted a Work Permit will be sent to the Elevator Maintenance listed above.

Forward application with the permit fee to:

Department of Public Safety

One Ashburton Place, Room 1301

Boston, MA. 02108-1618

Make check payable to: "Commonwealth of Massachusetts"

Approve By: _____

Permit Approve on: ____/____/____